

WI Fairs Assn January 5-9, 2025 "Group Fairs" HOTEL RESERVATION FORM

Complete this form and email it to groupreservations@chulavistaresort.com

| County Name: | Contact: |
|---|---|
| Address: | City: |
| Zip Code: | Phone (with area code): |
| Email: | |
| Are you Tax Exempt: Yes I | No |
| Tax Exempt Number: | ***must also provide tax exempt form*** |
| You can choose to fill out this form or | the <u>excel template</u> provided. |
| If you need a single reservation pleas | se call 1-855-830-2113. |
| Group reservations will be entered 1st | t come, first serve. We will confirm we've received the email |
| and respond with confirmation #'s and | d the invoice once reservations have been entered. |
| Group Express check in is available | e if one person is available to pick up all keys. |
| Pickup times will be Saturday & Sund | lay 3:30 – 6:30pm at the hotel front desk. |
| If you have arrivals on both days you | will need to pick up the keys each day. |
| Check in is 4pm. Check out is 10:30a | am. |
| Please Check here if you want exp | ress check in |
| Room Types & Rates: Rates inclu | de breakfast each morning based on the rates below. |
| | er room – each add'l guest is \$20 per person per night) Junior Suite – Condo Section (or) olf Course |
| | er room – each add'l guest is \$20 per person per night) limited quantity), One King, 2 Queens, and sofa sleeper, 1 bathroom |
| | er room – each add'l guest is \$20 per person per night) ueens & Sofa sleeper, 2 bathrooms plus full kitchen and living area. |
| \$ 358.00 (Rates are for 6 people pe | er room – each add'l guest is \$20 per person per night) |

3 Bedroom Condo – King, 4 queens, 2 sofa sleepers, 3 bathrooms plus full kitchen and living area.

| Room 1— Arrival Date _ | Departure Date |
|-------------------------|----------------|
| Room Type | |
| Names: First & Last | |
| 1 | 5 |
| 2 | |
| 3 | |
| 4 | |
| Room 2— Arrival Date _ | |
| Room Type | |
| Names: | |
| 1 | 5 |
| 2 | |
| 3 | |
| 4 | |
| | |
| Room 3 – Arrival Date _ | Departure Date |
| Room Type | |
| Names: | |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| | |
| Room 4 – Arrival Date _ | Departure Date |
| Room Type | |
| Names: | |
| 1 | |
| 2 | |
| 3 | |
| 4 | |

County Name: _____

| Special Requests: | <u>.</u> | |
|---|---|---|
| | | |
| Waterpark Hours: | | |
| January 3 Friday January 4 Saturday January 5 Sunday January 6 Monday January 7 Tuesday | 10am-9pm 10am-9pm 10am-8pm 10am-8pm 4pm-9pm | |
| Payment Info: | | |
| Paying with (check | one): | Credit Card (complete credit card authorization form sent with confirmation email) Purchase Order (send a copy of the purchase order after receipt of confirmation email) Check (send a check after you receive confirmation email for total due) |
| Do NOT send a che | eck until you | nave confirmation and know the total amount of the bill. Thank you. |
| Cancellation Policy inside 3 days will fo | | or to arrival for a full refund less a \$30 cancellation fee. Cancellation it's stay. |
| Booking id: Fairs 15 | 5 | |